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SON-1159/REISSUE

REISSUE APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Reissue Application for)
)
U.S. Patent No. 6,016,028 issued January 18, 2000)
)
Inventors: YUKINOBU IGUCHI ET AL.)
)
Reissue No. (Unassigned))
)
Title: GLASS BULB FOR COLOR PICTURE)
TUBE AND THE SAME TUBE)

Attn: Applications Branch

REISSUE PATENT APPLICATION TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
Box REISSUE
Washington, D.C. 20231

Sir:

Transmitted herewith is an Application for Reissue of a Utility Patent, including the following application elements and parts:



Fee Transmittal Form (PTO/SB/56), and a duplicate copy thereof for fee processing.



Specification and Claims in double column copy of patent format.



Drawings. A clean copy of the patent drawings is enclosed.



Reissue Application Declaration by the Inventors.

Docket No. SON-1159/REISSUE
Serial No. (Unassigned)

REISSUE APPLICATION



Preliminary Amendment and Statement of Status/Support for All Changes to the Claims.



Consent of Assignee and Offer to Surrender Patent



Statement Under 37 CFR 3.73(b).



Foreign Priority Claim.



Information Disclosure Statement with copies of cited references.



Return Receipt Postcard.



Applicants' undersigned attorney may be reached by telephone in his Washington, D.C.
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(202) 955-3750.

All correspondence should be directed to the undersigned at the address listed below.

Date: January 18, 2002




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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) SON-1159/REISSUE			
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee	Rate	Fee		
(A) 9	Total Claims (37 CFR 1.16(j))	(B) 16	**** 0 =	x \$ _____ =		or	x \$ _____ =	0	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 5	* 3 =	x \$ _____ =			x \$ 84 =	252	
Basic Fee (37 CFR 1.16(h))						\$ _____			\$ 740
Total Filing Fee						\$ _____	OR		\$ 992
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =		
Total Additional Fee						\$ _____	OR		\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of <u>992.00</u> A duplicate copy of this sheet is enclosed</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>18-0013</u> A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>January 18, 2002</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Ronald P. Kananen (Reg. No. 24,104)</u> Typed or printed name</p> </div> </div>									